

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019978

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 116

FILED MAY 24 1962

VS 300
Rev. 4/59

1 0887

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <i>Randolph</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Randolph</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Moberly mo</i>		Length of stay in 1b <i>Not Known</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Woodland Hospital</i>		d. STREET ADDRESS (If outside, give location) <i>401 N fifth St</i>	
3. NAME OF DECEASED (Type or print) First <i>John</i> Middle <i>MORGAN</i> Last		4. DATE OF DEATH Month <i>MAY</i> Day <i>11</i> Year <i>1962</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>negrs</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>June 1892</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborn</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>	9. AGE (last birthday) <i>68</i>
11. BIRTHPLACE (City and state or country) <i>Dalton mo</i>		12. CITIZEN OF WHAT COUNTRY <i>U. S. A.</i>	
13a. FATHER'S NAME <i>John W. Morgan</i>		13b. MOTHER'S MAIDEN NAME <i>Mamie Woods</i>	
14. NAME OF HUSBAND OR WIFE <i>Mrs Lenovia H. Earl</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	
16. SOCIAL SECURITY NO. <i>760</i>		17. INFORMANT <i>Mrs Lenovia H. Earl</i>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute hepatitis.</i> Diabetes mellitus. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <i>2 weeks</i> <i>1 year</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <i>1:45 p.m.</i> Month, Day, Year <i>June 1961</i>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <i>May 1962</i>		
21. I attended the deceased from <i>1:45 p.m.</i> to <i>May 11, 1962</i> and last saw him alive on <i>May 11, 1962</i>		22a. SIGNATURE (Degree or title) <i>Will Henry J. M.D.</i>	
22b. ADDRESS <i>Moberly, Missouri</i>		22c. DATE SIGNED <i>5/12/62</i>	
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>5/14/62</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Dalton mo</i>	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR <i>Edmund E. Robinson</i>	25. DATE RECD. BY LOCAL REG. <i>5-14-62</i>	26. REGISTRAR'S SIGNATURE <i>Leah Soule</i>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

OCT 19 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Edmund E. Robinson

Licensed Embalmer No. 4999

P. O. Address Hannibal, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.